



Village of Ashville
 P.O. Box 195
 200 East Station Street
 Ashville, OH 43103
 Office: 740/983-6367 • Fax: 740/983-4703
 Email: atrimmer@ashvilleohio.gov
 Direct: 740/983-6367 Option 1



Planning & Zoning Department

PLANNING & ZONING PERMIT APPLICATION

Please print or type. All sections must be completed.

Demographic Information:

1	Applicant's Name	DAVIS <small>Last</small>	DEAN <small>First</small>
2	Phone Number	Phone (740) 248-2324	Fax () -
3	Email Address	www. @	
4	Applicant's Address	201 CROMLEY ST. <small>Street</small>	ASHVILLE OHIO 43103 <small>City/Village Zip</small>
5	Zoning Request Address		
6	Subdivision		
7	Lot Number		
8	Tax Parcel #	D - - - - -	

(Tax parcel information must be provided and can be obtained from your property tax bill or by calling the Pickaway County Auditor's Office at 740-474-4765 or at <http://pickaway.iviewauditor.com/>.)

Permit Information

9	Zoned			
10	Present Use	11	Proposed Use	
12	Type of Construction - check each one and add dimensions as indicated:			
	To build a ___ story single family home as per plans supplied.		To build a fence	
	To build a ___ x ___ removable shed		To build a ___ x ___ deck/porch	
	To build a ___ x ___ room addition		To build a 28' x 30' garage	
	Change of Occupancy _____		To install a ___ x ___ pool	
	Other _____			
13	Contractor's Name			
	Contractor's Contact	DAVIS <small>Last</small>	DEAN <small>First</small>	
	Phone Number	Phone (740) 248-2324	Fax () -	
	Email Address	www. @		
	Contractor's Address	201 CROMLEY ST. <small>Street</small>	ASHVILLE OHIO 43103 <small>City/Village Zip</small>	
	Contractor's License			
	(If doing the work yourself, indicate so. If contracting, contact the Building Department at 740-983-7172 for any licensing requirements.)			
14	# of Dwelling Units			
15	Approximate Cost of Construction	\$		
16	Building & Lot Date	A Scaled Plot Plan Must be Provided can be found at http://pickaway.iviewauditor.com		
17	Corner Lot:	<input checked="" type="checkbox"/> Yes (C) <input type="checkbox"/> No Corner Lots have two front yard setbacks		
18	Yard Setback Depths:	Front Yard: _____ (C) Rear Yard: _____ Side Yards: L _____ R _____		
19	I hereby certify that I am the (select one) _____ Owner _____ Agent for the Owner			
20	And all information contained in this application is true, accurate and complete to the best of my knowledge			
		 Signature DEAN DAVIS <small>Print or type name of signer</small>	6/22/2022 Date	

PLEASE READ AND VERIFY BY SIGNATURE AND DATE

The following items are the applicant/property owner's responsibility:

1. To assure that no structure is built on any public easement or right-of-way.
2. To locate and verify property lines to assure that the plot plan submitted with this application accurately reflects the setback dimensions from those property lines. Where complete and accurate information is not readily available from existing records, the Zoning Inspector may require the applicant to furnish a survey of the lot completed by a registered surveyor.
3. To supply a legal description of the property, as recorded in the Pickaway county Recorders' Office, if required.
 - a. Legal description attached. Yes _____ No _____
4. To verify that the deed and/or plat does not contain any restrictions against such construction activity.
5. To follow the Home Owner's Association (HOA) rules and regulations, if applicable.
 - a. Issuance of a Village of Ashville zoning permit does not overrule the HOA's rules and regulations.

21 The Area Below is For Official Use Only

Worksheets Fees paid by?	Cash _____	Check _____	-Check #:
Fees Collected	\$	Mail In	Walk In



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Building Department (Contracted) *Toole & Associates*
Email: wrt@tooleinspectors.com

Office: 614-224-2300 Cell: 614-325-4603
Fax: 614-233-5812

Building Department

RESIDENTIAL BUILDING PERMIT APPLICATION

For Office Use Only

Date: 6/22/2022

Application # _____

Date Sent to Review _____

Project BUILDING POLE BARN

Property Address 201 CROMLEY ST. ASHVILLE, OHIO 43103

Job Contact Person DEAN DAVIS Phone 740-248-2324

Lot # _____ Subdivision _____

Owner Name DEAN DAVIS

Street Address 201 CROMLEY ST

City ASHVILLE State OHIO Zip 43103

Phone _____ Mobile 740-248-2324 Fax _____

Contractor Name DEAN DAVIS License # _____

Contractor Address 201 CROMLEY ST.

City ASHVILLE State OHIO Zip 43103

Phone _____ Mobile 740-248-2324 Fax _____

Job Contact Person DEAN DAVIS Phone 740-248-2324

Improvement Type New Home _____ Addition _____ Alteration Repair/Replacement _____

Demolition _____ Moving/Relocation _____ Garage/Shed/Pole Barn

Electric Service Upgrade _____ Fireplace _____ Plumbing _____ HVAC _____

Siding _____ Roof _____ Other-Specify _____

Is home in FLOOD ZONE? Yes _____ No

Total cost of construction \$ _____

Stories above grade _____ Bedrooms _____ Bathrooms _____

Basement? Yes _____ No _____ Full / Partial (circle one)

Single Family Home _____ Two Family _____ Three Family _____

Is this an accessory structure? Yes _____ No _____ If yes, what type? _____

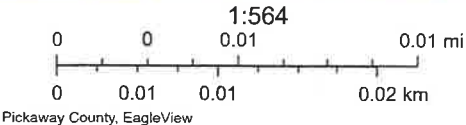
NOTE: ALL CONTRACTORS MUST BE REGISTERED BEFORE A PERMIT CAN BE ISSUED. (See Page 3)

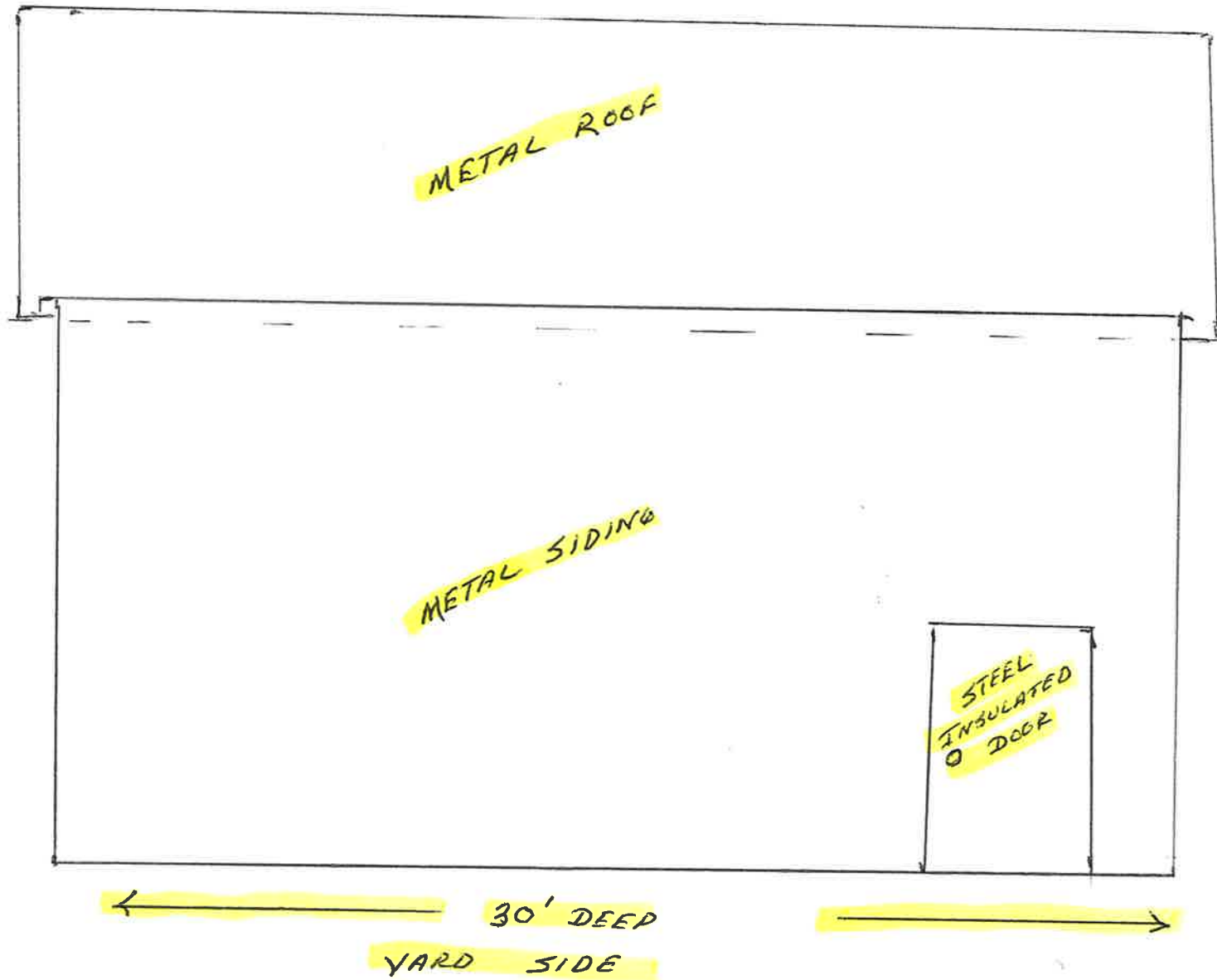
Pickaway County Ohio



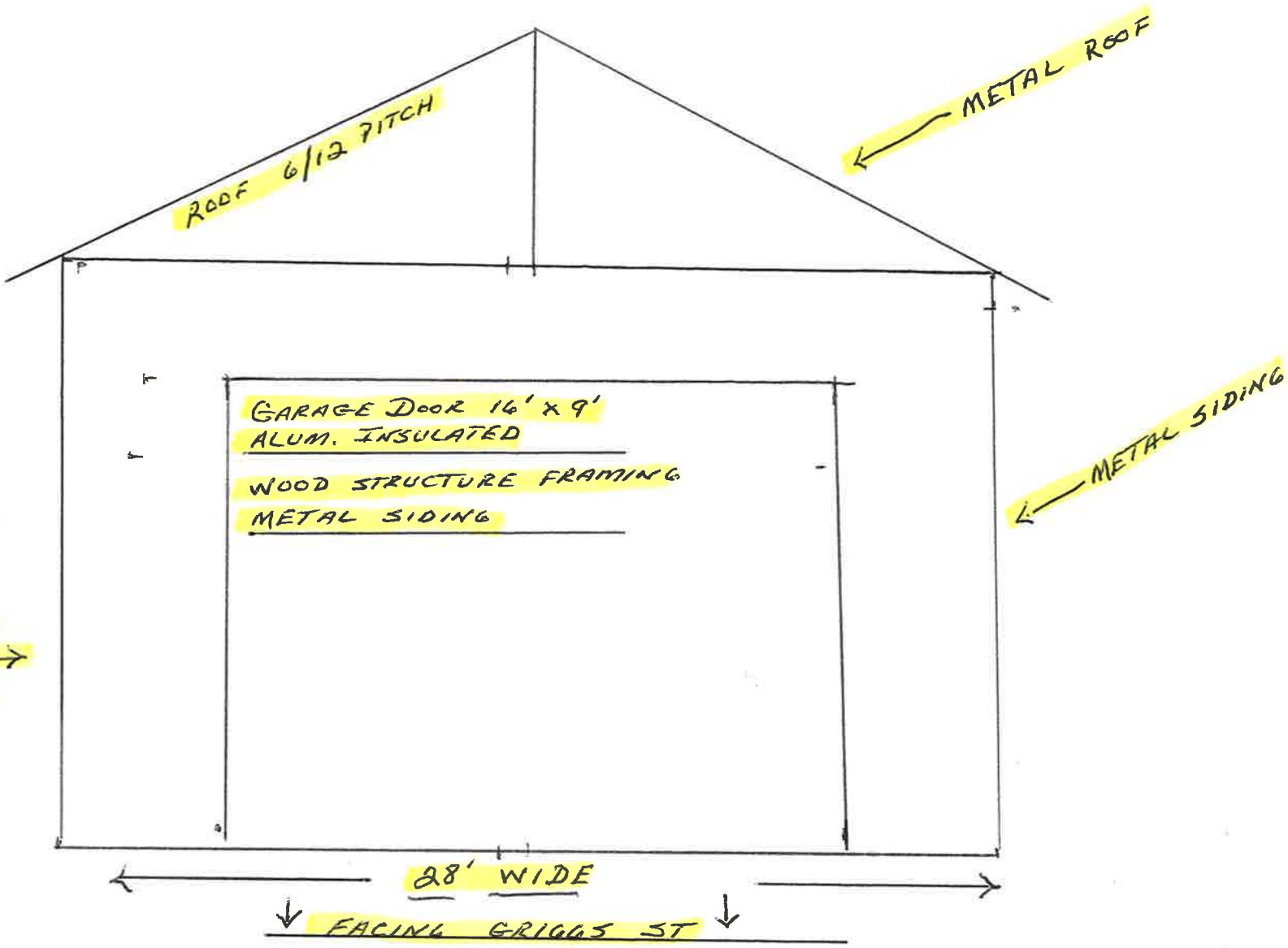
6/14/2022, 8:59:24 AM

- Parcels
- Road Labels
- Addresses





GARAGE IS MOVED
OVER 2' FURTHER
THAN ORIGINAL
GARAGE AWAY FROM
THE ALLEY →
2 FT



ALLEY →